

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/552244d FILING DATE 9/21/00  
APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4	3		1				54					
5	3		1				55					
6	4		1				56					
7	5						57					
8	1		1				58					
9	3		1				59					
10	3		1				60					
11	0		1				61					
12	0		1				62					
13			1				63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	19	↔	11	↔			TOTAL DEP.					
TOTAL CLAIMS	20		12				TOTAL CLAIMS					